

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO CONSTRUCT,  
INSTALL, OR MODIFY AIR POLLUTION CONTROL EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES  
235 PROMENADE STREET  
PROVIDENCE, RI 02908

Section A

1. FULL BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2. ADDRESS OF EQUIPMENT LOCATION \_\_\_\_\_  
\_\_\_\_\_ SIC CODE \_\_\_\_\_ # EMPLOYEES \_\_\_\_\_

3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) \_\_\_\_\_

4. NATURE OF BUSINESS \_\_\_\_\_

Section B

1. APPROVAL REQUESTED FOR: ☐ CONSTRUCTION ☐ MODIFICATION

2. TYPE OF EQUIPMENT: ☐ BAGHOUSE ☐ SCRUBBER ☐ AFTERBURNER  
☐ SCR ☐ CARBON ADSORBER ☐ OTHER (SPECIFY) \_\_\_\_\_

3. MAKE AND MODEL NO.: \_\_\_\_\_

4. ESTIMATED STARTING DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

Section C

1. GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PROCESS EQUIPMENT USED IN OPERATION \_\_\_\_\_  
\_\_\_\_\_

3. OPERATING PROCEDURE: ☐ CONTINUOUS \_\_\_\_\_ HRS/DAY \_\_\_\_\_ DAYS/WEEK \_\_\_\_\_ WEEKS/YEAR  
☐ BATCH \_\_\_\_\_ HRS/BATCH \_\_\_\_\_ BATCHES/WEEK \_\_\_\_\_ WEEKS/YEAR

4. LIST THE TYPE AND QUANTITY OF RAW MATERIALS USED PER HOUR OR PER BATCH ON AN ATTACHED SHEET.

Section D

EMISSIONS INFORMATION:		EMISSIONS BEFORE	
POLLUTANT		CONTROL EQUIPMENT	AFTER

INDICATE METHOD USED TO DETERMINE EMISSIONS \_\_\_\_\_

AP-CE

Section E	<p>EMISSION STREAM CHARACTERISTICS</p> <p>1. MAXIMUM FLOW RATE (SCFM) _____</p> <p>2. TEMPERATURE (<math>^{\circ}\text{F}</math>) _____</p> <p>3. MOISTURE CONTENT _____ %</p> <p>4. HALOGENATED ORGANICS: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. HEAT CONTENT (IF APPLICABLE) _____ BTU/SCF</p>
Section F	<p>SCRUBBER</p> <p>1. WET:SCRUBBING LIQUID (A) COMPOSITION _____          (B) FLOW RATE (GAL/MIN) _____          (C) INJECTION RATE (PSI) _____          (D) MAKE-UP RATE IF RE-CIRCULATED (GAL/MIN) _____</p> <p>PACKING-IF APPLICABLE (A) TYPE _____          (B) DEPTH OF BED _____ (FEET)          (C) PACKING SURFACE _____ (<math>\text{FT}^2</math>)</p> <p>2. DRY:SCRUBBING REAGENT: _____ USAGE _____ LB/HR.          INJECTION RATIO: _____ ( )          MIXING METHOD _____</p> <p>3. PRESSURE DROP ACROSS CONTROL UNIT: _____ INCHES WATER</p>
	<p>BAGHOUSE/FABRIC FILTER</p> <p>1. BAG/FILTER MATERIAL _____ 2. NUMBER OF BAGS _____</p> <p>3. AIR/CLOTH RATIO _____ FEET/MINUTE</p> <p>4. METHOD OF CLEANING: (A) <input type="checkbox"/> SHAKER <input type="checkbox"/> PULSE <input type="checkbox"/> REVERSE AIR <input type="checkbox"/> OTHER-SPECIFY          (B) FREQUENCY OF CLEANING _____          (C) IS CLEANING AUTOMATIC OR MANUAL _____</p>
	<p>CARBON ADSORBER</p> <p>1. VOLUME OF EACH CARBON BED _____ (<math>\text{FT}^3</math>)</p> <p>2. NUMBER OF BEDS _____</p> <p>3. DIAMETER OF EACH BED _____ (FT)</p> <p>4. DEPTH OF EACH BED _____ (FT)</p> <p>5. ADSORPTION CAPACITY OF CARBON (LB/100 LB CARBON) _____</p> <p>6. ADSORPTION CYCLE TIME _____ (HR)</p> <p>7. REGENERATION CYCLE TIME _____ (HR)</p> <p>8. STEAM RATIO (LB STEAM/LB CARBON) _____</p> <p>9. STEAM SOURCE _____</p> <p>10. REMOVAL EFFICIENCY (%) _____</p>
	<p>INCINERATION</p> <p>1. THERMAL AFTERBURNER</p> <p>A. VOLUME OF COMBUSTION CHAMBER _____ (<math>\text{FT}^3</math>)</p> <p>B. MINIMUM OPERATING TEMPERATURE _____ (<math>^{\circ}\text{F}</math>)</p> <p>C. RESIDENCE TIME _____ (SECONDS)</p> <p>D. EXCESS AIR _____ %</p> <p>2. CATALYTIC INCINERATION</p> <p>A. TYPE OF CATALYST _____</p> <p>B. VOLUME OF CATALYST _____ (<math>\text{FT}^3</math>)</p> <p>C. SPACE VELOCITY _____ (<math>\text{HR}^{-1}</math>)</p> <p>D. CATALYST OPERATING TEMPERATURE _____ (<math>^{\circ}\text{F}</math>)</p>

	<p>INCINERATION (CONT.)</p> <p>3. BURNER MAKE AND MODEL NO. _____ CAPACITY (BTU/HR) _____</p> <p>4. HEAT RECOVERY: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____ EFFICIENCY: _____ %</p> <p>4. DESTRUCTION EFFICIENCY: _____ %</p>
Section G	<p>OPERATING CONDITIONS</p> <p>1. GAS VOLUME THROUGH CONTROL SYSTEM: NORMAL _____ ACFM @ _____ °F MAXIMUM _____ ACFM @ _____ °F</p> <p>2. GAS TEMPERATURE: INLET _____ °F OUTLET _____ °F</p> <p>3. STACK INFORMATION: (A) I.D. _____ INCHES OR _____ INCHES X _____ INCHES (B) STACK HEIGHT ABOVE GROUND _____ FEET (C) CFM EXHAUSTED _____ (D) IS STACK EQUIPPED WITH RAIN HAT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET.</p>
Section H	<p>COLLECTION DATA</p> <p>1. DESCRIPTION OF COLLECTED MATERIAL _____ _____</p> <p>2. AMOUNT COLLECTED (LBS/DAY; GAL/DAY; ETC.) _____</p> <p>3. ULTIMATE DISPOSITION OF COLLECTED MATERIAL _____ _____</p>
Section I	<p>IN ADDITION TO THE ABOVE INFORMATION, THE FOLLOWING INFORMATION IS <u>REQUIRED</u>:</p> <p>1. FLOW DIAGRAM SHOWING RELATIVE LOCATION OF EQUIPMENT ATTACHED TO THIS CONTROL SYSTEM.</p> <p>2. MANUFACTURER'S LITERATURE FOR THE CONTROL EQUIPMENT.</p> <p>3. ENGINEERING DRAWINGS FOR THE CONTROL EQUIPMENT WITH PHYSICAL DIMENSIONS.</p> <p>4. PARTICULATE COLLECTION EQUIPMENT SHOULD HAVE SIZE EFFICIENCY CURVES. ABSORPTION AND ADSORPTION EQUIPMENT SHOULD HAVE SIZING CALCULATIONS, GRAPHS, EQUILIBRIUM DATA, ETC.</p>

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, Regulation 9, and to the best of my knowledge and belief is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**AIR POLLUTION CONTROL PERMIT FEES**

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted to:

RI Department of Environmental Management  
Office of Management Services  
235 Promenade Street  
Providence, RI 02908

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**THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.**

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Please complete this form, attach it to the check or money order and submit it to the Office of Management Services. Payment should be made payable to General Treasurer, State of Rhode Island.

The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: \_\_\_\_\_

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

\_\_\_\_\_  
\_\_\_\_\_

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____

TOTAL \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Fee Amount Received: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

For Deposit into Account 1752-80600